



Department of Veterans Affairs
VA Medical Center, Tampa
10770 North 46th Street
Suite A-400
Tampa, Florida 33617



AUTHORIZATION FORM For Credit Card Charges

Date: _____ K # _____

Amount: _____ Invoice # _____

Cardholders Name: _____

Card Number: _____

Bank Name: _____

Expiration Date: _____ / _____ Security Code: _____

(Please Check One)

VISA ☐ MasterCard ☐ Discover ☐ American Express ☐

The Department of Veterans' Affairs is hereby authorized to use the above credit card information for collection of payment for services rendered.

Signature of Cardholder: _____

Cardholder Phone Number: _____

We are requesting this form to be filled out to protect customers from incorrect or fraudulent charges to their credit cards. This form will help us to insure correct information and verification before any transaction has occurred. Please read and complete all information.

Return form direct or by fax to:
Michael Byrd or John Proll at 813-228-2857